

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 40
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dennis D Sommers

Mailing Address 17 Westfield Cir

City	State	Zip Code
Minot	ND	58701-3365

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : A8D3855B0A6944BF5ACF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. J Mark Thomas

Mailing Address 482 S County Road 300 E

City	State	Zip Code
Brownstown	IN	47220-9704

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : AB4357008EF574E3AB4D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Grant Steven Titze

Mailing Address 1006 17th St NE

City	State	Zip Code
Watertown	SD	57201-6767

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : AAB0265A5BF0E4A7DBC6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►